

UNITED STATES INTERNATIONAL TRADE COMMISSION


SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

Subject	Reference Information
Pure Magnesium from Canada: Investigation No. 701-TA-309-B (Review)	Control No. INV-99-665

Individual Responses (A = Adequate, I = Inadequate)	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
Domestic (U.S. Producers)							
Magnesium Corp. of America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent (U.S. Importers)							
Norsk Hydro Canada Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent (Foreign Producers/Exporters)							
Norsk Hydro Canada Inc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government of Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gouvernement du Québec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Responses (A = Adequate, I = Inadequate)	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
DOMESTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expedited or Full Review	Bragg	Miller	Crawford	Hillman	Koplan	Askey	Commis- sion
EXPEDITED: DOMESTIC GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXPEDITED: RESPONDENT GROUP INADEQUATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECRETARY'S CERTIFICATION OF COMMISSION ACTION

 Secretary	Date 11/4/99
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